



IDAHO STATE BOARD OF MEDICINE

THE REPORT

VOLUME 2008 ISSUE 2 SUMMER 2008

That letter in the Mail...

by Laura McGeorge, MD

One day, you come home from work and find *the dreaded letter*. It is from the Idaho State Board of Medicine. Do not burn it in the campfire. Do not let your child feed it to the fish. Do not file it in the recycling bin. Open it.

The process:

If and when you receive a complaint from the Board of Medicine, you need to address it, in writing, with the Board. Most complaints to the Board come from patients or patients' family members. They occasionally come from physicians, pharmacists, medical professionals, hospitals, or others. Complaints frequently arise from communication issues, poor outcomes, or unprofessional behavior. All complaints are investigated by the Board's nurse (RN) investigators. The investigation may involve interviewing the complainant, reviewing information from the physician, and reviewing medical records. The completed file then goes to the Board for approval. It can go as a "consent" document, meaning that there is no merit and the investigator feels that the case should be closed. All of these "consent cases" are reviewed by the Board members prior to the Board meeting. Alternatively, it can go as a case to be reviewed by the Board. These cases also are all reviewed by the Board members prior to the meeting. At the quarterly Board meetings, the "consent case" may be opened for discussion by any Board member. If, after discussion, the Board feels that there is no merit, the case is closed. The non-consent cases that are referred to the Board for consideration are all discussed at the Board meeting. Sometimes, the Board members request more information. Some of this information can be obtained through the investigator. Sometimes, this requires review of charts, from an outside expert in that field, to look at standard of care issues.

Why me?

Any physician may receive a complaint. In your professional career, you will have thousands of patient interactions. They may not all go as well as you or the patients would like. Occasionally, despite the best care, there is a bad outcome. Occasionally, there is a personality conflict. Occasionally, it is plain old bad luck. The most common reasons for complaints generally include the following: poor service from physicians or staff, unrealistic expectations on the part of the patients, poor communication, inadequate patient education, boundary violations, fee disputes, complaints regarding over- or under- medication of patients, lack of demonstrated empathy or understanding, market competition, or disgruntled employees. (Continued on Page 2)

NOTICE: This newsletter is the only information newsletter published by the Idaho Board of Medicine and serves as the Board's notification of rule changes, policy information, and discipline information provided to all licensees of the Idaho Board of Medicine.

There are ways to minimize the likelihood of having a complaint lodged against you. Obviously, providing good care and good communication with a respectful manner goes a long way in reducing complaints.

What next?

The Board meets quarterly. You can call the Idaho State Board of Medicine, look at the website, or look at the last newsletter to find the next Board meeting date. You may call the Board to see if your case will be presented at that next Board meeting. In many cases, the investigation is still open prior to the next Board meeting. You may attend any Board meeting, but you may not attend the executive session of the meeting. It is during the executive session that your case will be discussed. If the case is closed without merit, you will get a letter to that effect. If more information is requested, you will be notified in writing. If there is an apparent deviation from the standard of care as an isolated event, you may receive a confidential letter of concern. This is an informational letter to you only and is not reportable or discoverable. If the Board feels it is warranted, you may receive a public reprimand which is published in the newsletter and is discoverable. The licensee may request a hearing to dispute the facts prior to the reprimand being made public. If there are substance abuse issues, boundary issues, or repetitive quality of care issues, a stipulation and order (S & O) will be recommended by the Board. This will contain findings of the Board and its requirements for the licensee to maintain licensure. You may sign this or you may request a hearing. This is part of due process. Usually, most physicians will have retained an attorney by this point. On rare occasions, the Board may initiate action to revoke licensure. This can only be done with a hearing and following due process. Revocation of license occurs extremely infrequently, and only when there has been a continued inability to practice with reasonable skill and safety. This is despite attempts at rehabilitation, education, behavioral modification, and treatment. A pattern of this behavior must be demonstrated before license revocation is initiated. Revocation almost never occurs after an isolated incident.

So, “*do good and talk nice!*”

OOPS!

When printed in the last issue the license report was accidentally shortened. It is reprinted in this issue for your information.

The Board Welcomes New Members

Caroline Faure, AT and Barrie Steele, At appointed to the Board of Athletic Trainers

Paul Durham, RT appointed to the Respiratory Licensure Board

BOARD ACTIONS

BOARD ACTIONS

PLEASE NOTE

Some physicians have similar names, please verify information by license number on our web site at: www.bom.state.id.us

Explanation of terms:

- Stipulation: an agreement, admission, or concession.
- Stipulation and Order: an agreement between the Board and the practitioner regarding authorization to practice or placing terms or conditions on the authorization to practice.
- Suspension: temporary withdrawal of authorization to practice.
- Reprimand: a formal admonishment of conduct or practice.
- Revocation: cancellation of the authorization to practice.

Nita Weber, DO

O-0472 Soda Springs

Board Action: Stipulation and Order for limited / restricted license

Valerie Fox, MD

M-9220 Clarkston, WA

Board Action: Reciprocal Action, Order of Temporary Suspension

Carol Vance, MD

M-9751 Ammon, ID

Board Action: Terms of Board Order Satisfied

William Waltner, MD

M-10319 Pullman, WA

Board Action: Stipulation and Order

Steven Cervi-Skinner, MD

M-10319 AZ

Board Action-Order for Reciprocal Actions, PA supervision

Christopher Partridge, MD

M-8987 Star, ID

Board Action: License Reinstated with limitations/restrictions

Robert Davis, MD

M-9714 IN

Board Action: Terms of Board Order Satisfied

Vern McCready, PA

PA-201 Boise

Board Action: Stipulation and Order Modified, limitations/restrictions on license

Douglas McVey, PA

PA-230 Boise

Allegation-Falsification of records

Board Action: Suspension, Stipulation and Order

Jenny Kezele, AT

AT-324 Boise

Board Action: Stipulation and Order, unlicensed practice

David Smith, MD

M-5762 Boise

Allegation: Motion for Enforcement

Board Action: Suspension Ordered

Daron Scherr, MD

M-7579 Idaho Falls

Allegation: Motion for Enforcement

Board Action: Modification of Stipulation and Order

April May, PA

PA-255 WA

Allegation: failure to comply with stipulation and order

Board Action: Motion for Violations and Enforcement of Stipulation and Order

Correction:

Daniel W. McLaughlin, MD

M-6457 Idaho Falls, ID

Allegation: failure to meet standard of care, prescribing

Board Action: Stipulation and Order

PHYSICIANS - MD	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	
	Lic Issued	256	255	248	238	264	321	250	227	267	307	352
	Lic Renewed	2785	2926	3104	3038	3205	3125	3267	3359	3343	3435	3620
	Active	3035	3181	3210	3218	3296	3446	3517	3586	3610	3742	3807
	Inactive	142	160	151	156	173	201	213	238	232	202	187

PHYSICIANS - DO	Lic Issued	22	17	20	18	24	29	20	27	28	47	39
	Lic Renewed	125	146	164	181	177	189	205	216	231	254	295
	Active	147	163	180	193	193	218	225	243	259	301	324
	Inactive	7	5	5	6	8	8	11	14	17	13	10

PHYSICIAN - VOLUTEER	Lic Issued											
	Lic Renewed											
	Active											

PHYSICIAN ASSISTANTS	Licensed	31	33	27	53	45	41	51	44	61	60	75
	Renewed	98	116	134	159	175	216	239	270	307	354	402

SUPERVISING PHYSICIANS	Registered	73	64	84	83	73	71	64	13	95	72	113
	Renewed	186	169	199	171	275	258	251	286	244	314	368

PHYSICAL THERAPY												
Therapists - Licensed	127	150	86	95	81	86	70	91	89	NA	NA	
Therapists - Renewed	697	732	777	794	844	890	929	957	998	NA	NA	
Assistants - Licensed	36	42	45	34	38	25	27	27	39	NA	NA	
Assistants - Renewed	83	104	181	171	187	213	233	247	262	NA	NA	

ATHLETIC TRAINERS

Licensed	15	17	10	14	11	14	28	18	20	25	22
Renewed	89	92	99	99	118	112	115	121	125	128	128

DIRECTING PHYSICIANS

Registered								27	14	4	8
Renewed									27	38	38

OCCUPATIONAL THERAPY

Therapists - Licensed	51	48	24	39	51	33	23	44	45	48	40
Therapists - Renewed	222	251	255	257	255	287	306	310	328	349	380
Assistants - Licensed	36	28	12	20	25	6	5	12	5	6	8
Assistants - Renewed	32	55	64	69	73	97	97	96	105	102	106

RESPIRATORY THERAPISTS

Licensed	101	77	57	53	67	73	63	46	58	69	76
Renewed	410	462	495	483	470	498	528	553	570	578	610

POLYSOMONOGRAPHY

Technician - Permit Issued								22	0	9	10
Renewed									16	8	13
Technologist - Permit Issued								21	2	8	10
Renewed									21	21	29

DIETITIANS

Licensed	27	25	33	19	33	23	24	17	31	40	33
Renewed	225	253	255	276	280	295	327	307	302	314	344

Renewals

Renewals this year went smoothly with the on-line renewal site available in late April . Approximately 76% of all licensees used on line renewals with Respiratory Therapists leading the pack with near 88% using on-line renewals and Physician Assistants with the lowest on-line renewal percentage at 64%. On-line renewal is just one method the Board of Medicine uses to contain costs and save licensees money.

Unlicensed Practice

Every licensing board is responsible for public safety through insuring that those who hold themselves out to the public as a professional have met the education and training requirements of the profession for licensure. Unlicensed practice is prohibited, which includes practicing while awaiting issuance of a license.

The Board continues to see issues with applicants that have practiced or held themselves out as able to practice without being licensed, especially among allied health professions.

If you are responsible for the supervision, training, or hiring of allied health professionals please insure that they are appropriately licensed before offering services to the public.

Public safety concerns, reimbursement issues, adverse actions against licensees, report to national databases/agencies are just a few of the negative impacts that unlicensed practice can have.

Board Membership Anyone?

The hallmark of a profession is self-regulation, the authority to regulate one's own profession and serve the public through that regulatory authority. The profession must put the *safety of the public always above the self interest of members of the profession*. The licensure boards, which include members of the public, enforce the standards that not only insure that individuals meet the licensure requirements established in law but that those who are licensed continue to maintain professional standards.

It is not always an easy job to refuse to issue a license or take action against a licensee. It is almost always a thankless job, but without a license board upholding the professional standards where would your profession be?

If you have what it takes to be a licensure board member please let your professional association know that you are interested in serving on the licensure board.

If not, please take a moment and thank those who do serve.

New National Practitioner Databank Reporting Requirements

Changes to the National Data Bank reporting requirements became effective in October 2007. the following are selected sections of the changes to Federal regulations :

TITLE 45-PUBLIC WELFARE AND HUMAN SERVICES

PART 60- NATIONAL PRACTITIONER DATA BANK FOR ADVERSE INFORMATION ON PHYSICIANS AND OTHER HEALTH CARE PRACTITIONERS--Table of Contents

Subpart B -Reporting of Information

Sec. 60.9 Reporting adverse actions on clinical privileges.

(a) Reporting to the Board of Medical Examiners--(1) Actions that must be reported and to whom the report must be made. Each health care entity must report to the Board of Medical Examiners in the State in which the health care entity is located the following actions:

(i) Any professional review action that adversely affects the clinical privileges of a physician or dentist for a period longer than 30 days;

(ii) Acceptance of the surrender of clinical privileges or any restriction of such privileges by a physician or dentist--

(A) While the physician or dentist is under investigation by the health care entity relating to possible incompetence or improper professional conduct, or

(B) In return for not conducting such an investigation or proceeding; or

(iii) In the case of a health care entity which is a professional society, when it takes a professional review action concerning a physician or dentist.

(2) Voluntary reporting on other health care practitioners. A health care entity may report to the Board of Medical Examiners information as described in paragraph (a)(3) of this section concerning actions described in paragraph (a)(1) in this section with respect to other health care practitioners.

BREAK IN SECTIONS

(b) Reporting by the Board of Medical Examiners to the National Practitioner Data Bank. Each Board must report, in accordance with Sec. Sec. 60.4 and 60.5, the information reported to it by a health care entity and any known instances of a health care entity's failure to report information as required under paragraph (a)(1) of this section. In addition, each Board must simultaneously report this information to the appropriate State licensing board in the State in which the health care entity is located, if the Board is not such licensing board.

Most notable changes are to hospital reporting requirements while a physician is under investigation for possible incompetence or improper professional conduct and reporting requirements for medical boards. The complete section can be viewed at http://edocket.access.gpo.gov/cfr_2007/octqtr/45cfr60.9.htm



RULE CHANGES

The Board has proposed rule changes to the IDAPA22.01.01 - RULES OF THE BOARD OF MEDICINE FOR LICENSURE TO PRACTICE MEDICINE AND SURGERY AND OSTEOPATHIC SURGERY IN IDAHO. The rule changes provide for expedited, minimal paperwork licensure by endorsement for qualified applicants. The rule change also provides a requirement for service on pre-litigation panels once every two years, similar to a jury duty requirement.



The Idaho Board of Medicine has done multiple presentations around the state regarding chronic pain management issues and the relatively small number of discipline actions that relate to pain care. The Federation of State Medical Boards (FSMB) recently released information on a study that appears to affirm that information on a more national basis. The article is reprinted below with permission from the Federation of State Medical Boards. FSMB BoardNet News August 15, 2008.

New Study Finds Little Evidence of Physician Sanctions for Prescribing Pain Medications

A new study that includes disciplinary data from state medical boards suggests physician concerns over publicized prosecutions for prescribing pain medications are disproportionate to actual numbers of legal and regulatory actions. The study, conducted by the FSMB, the National Association of Attorneys General (NAAG) and the Center for Practical Bioethics, will be published in the Sept. 9, 2008, edition of *Pain Medicine*. The study incorporated data from 1998-2006. Its findings include:

- 725 physicians were identified as having been prosecuted or sanctioned for such violations during the eight-year timeframe, or only about 0.1 percent of nearly 700,000 practicing patient care physicians in the United States.
- Most of the patient care doctors identified in such cases were primary care physicians rather than specialists in other fields, including pain medicine. Among the 725 physicians involved in these cases, only 25 were pain medicine specialists or self-identified as such. In contrast, general practice/family medicine physicians accounted for 285.

In 2005 and 2006, the Drug Enforcement Administration reported having investigated an average of only four to five doctors per state each year for possible criminal offenses connected with improper prescribing or handling of pain medications.

The study continues the FSMB's support of the [Balanced Pain Policy Initiative](#) with the Center for Practical Bioethics and the NAAG. An abstract of the study can be accessed at www3.interscience.wiley.com/journal/120848348/abstract. The FSMB will make full copies of the study available to member medical boards at the time of publication. For more information, please contact Drew Carlson at dcarlson@fsmb.org or (817) 868-4043

Calendar of Board of Medicine Meetings for 2008

September 12, 2008*

December 5, 2008

*Meeting scheduled for Sandpoint

DEPLOYED?

IF YOU ARE DEPLOYED PLEASE PROVIDE A COPY OF YOUR MILITARY ORDERS FOR DEPLOYMENT AND A COPY OF THE ORDERS RETURNING TO THE U.S. OR RELIEVING YOU FROM ACTIVE DUTY WHEN YOU RETURN. UPON RECEIPT OF THE ORDERS THE BOARD WILL MAINTAIN YOUR LICENSE IN ACTIVE, CURRENT STATUS WHILE DEPLOYED AND WAIVE ALL LICENSE FEES FOR UP TO 6 MONTHS AFTER YOUR RETURN.

IDAHO STATE BOARD OF MEDICINE

Stephen R. Marano, MD, Chairman

David McClusky, II, MD, Vice Chairman

Matt Ellsworth, Public Member

Leo Harf, MD, Member

Laura McGeorge, MD, Member

Joyce McRoberts, Public Member

Michael G. Melendez, MD, Member

Jerry Russell, Director, Idaho State Police

Ralph Sutherlin, DO, Member

MD - Member Vacant

COMMITTEE ON PROFESSIONAL

DISCIPLINE

A.C. Jones, III, MD, Chairman

Julia Bouchard, MD, Member

Mike Johnson, Public Member

Bruce Miewald, MD, Member

Wendell Wells, MD, Member

Allied Health Board Meetings

Meetings are held in the Board office unless otherwise noted.

The **Board of Athletic Trainers** meeting to be announced.

The **Dietetic Licensure Board** meeting is scheduled for **October 7, 2008 at 11 a.m.**

The **Occupational Therapy Licensure Board** meeting is scheduled for **October 24, 2008 at 9:30 a.m.**

The **Respiratory Therapy Licensure Board** meeting is scheduled for **September 18, 2008 at 9:30a.m.**

The **Physician Assistant Advisory Committee** meeting is scheduled for **October 31, 2008 at 9:00 A.M.**

Please note if you are submitting a response to a Board inquiry or a completed application, the completed material must be received in the Board office at least 20 days before the scheduled meeting date. Materials not received in that time frame will be added to the next regularly scheduled meeting agenda.

BOARD STAFF

Nancy Kerr, Executive Director

Mary Leonard, Associate Director

Cathleen Morgan, Board Attorney

Beverly Kendrick, Quality Assurance Specialist

Cynthia Michalik, Quality Assurance Specialist

Janet Whelan, Quality Assurance Specialist

Gloria Pedersen, Prelitigation Manager

Darlene Parrott, Compliance Monitor

Terri Solt, Physician Licensing Manager

Jodi Adcock, Allied Health Licensing Manager

Mary McCulley, Finance

Jennifer Winn, PA Licensing-Prelitigation

Stephen Tyrer, Investigative Assistant

Robie Harano, Receptionist

IDAHO STATE BOARD OF
MEDICINE

1755 Westgate Drive Suite 140
PO Box 83720
Boise, Idaho 83720-0058

Phone: 208-327-7000
Fax: 208-327-7005
E-mail: info@bom.idaho.gov

VISIT OUR WEB SITE AT
www.bom.state.id.us

FAIR AND IMPARTIAL APPLICATION AND
ENFORCEMENT OF THE PRACTICE ACTS

CHANGE OF ADDRESS EACH YEAR OF NUMBER OF LICENSE RENEWAL APPLICATIONS GO ASTRAY BECAUSE THE ADDRESS ON FILE WITH THE BOARD IS INCORRECT. AS A RESULT, LICENSES PEOPLE WISH TO MAINTAIN ARE CANCELLED AND HAVE TO BE REINSTATED. PLEASE COMPLETE AND RETURN THIS FORM IF YOUR ADDRESS CHANGES.

ID License No. _____

Name _____
(LAST) (FIRST) (MIDDLE INITIAL)

Former Address: _____
(STREET)

(CITY) (STATE) (ZIP)

New Address: _____
(STREET)

(CITY) (STATE) (ZIP)

Phone (_____) _____ Date change becomes effective: _____